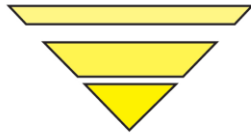


DIVISION OF
**DEVELOPMENTAL
DISABILITIES**



Division Directive Number
5.060

Effective Date: August 1, 2005

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Reviewed October 27, 2008

Bernard Simons

Bernard Simons, Director

Title: Enrollment of New Providers

Applies to: The process regional offices use to enroll new providers requesting to provide services of Residential Habilitation (Group Home), Individualized Supported Living, Day Habilitation (on- and off-site), Supported Employment, Personal Assistance and Respite Care (out-of-home and in-home).

Purpose: To prescribe consistent standards for the enrollment, training, and certification process to assure that providers of the above listed services possess the necessary skills, philosophy, and qualifications to be successful.

Definitions

Certification: Determination and recognition by the Department of Mental Health that an organization complies with applicable rules and standards of care to participate in the Medicaid Waiver programs under the provisions of 9 CSR 45-5.060.

Day Habilitation: Service provided in a non-residential setting to enable individuals to increase their independent functions. Day Habilitation may be provided to individuals or to groups and may be provided either on-site in a center based setting or off-site in the individual's own home or community. On-site group and off-site individual are how this service is typically provided; the other two types of services are for specific situations. Examples of on-site day habilitation would include cognitive skills training, socialization, and functional skills training. Examples of off-site day habilitation include house cleaning, money management (budgeting and bill paying), menu development, and cooking, shopping, laundry, first aid, and community inclusion.

Individualized Supported Living: A non-facility based form of residential habilitation which provides support and training services to an individual in the individual's own residence. ISL services are individually planned and budgeted for each person served.

License: Written notification that a residential facility or day program complies with rules and standards of care under the provisions of applicable licensing requirements.

Medicaid Waiver: The Missouri Department of Mental Health's Division of Developmental Disabilities (DD) administers three 1915(c) Home and Community Based Medicaid Waiver programs for individuals with mental retardation or other developmental disabilities.

The three waivers are the Comprehensive Waiver; Missouri Children with Developmental Disabilities Waiver (MOCDD or Sara Jian Lopez Waiver); and Community Support Waiver.

Personal Assistance: Personal assistant services include assistance with any activity of daily living (ADL) or instrumental activity of daily living (IADL). Personal assistance may also include general supervision and protective oversight. The personal assistant may directly perform some activities and support the individual in learning how to perform others.

Plan of Correction: A written document outlining the provider's strategies to address any areas of non-compliance with applicable certification standards reported through the certification survey report.

Provisional Certificate: An initial certificate granted for a period not to exceed one year to a new provider or service, a converted agency or provider, or an existing provider adding a waived service.

Quality Management Plan: Written outcome-based strategies outlining actions required in this provisional certification process. Progress will be documented and tracked providing ongoing feedback to the applicant.

Residential Habilitation: Service provided in a residential setting such as a group home, or semi-independent living situations, which includes support and training provided by direct support staff as well protective oversight, where needed. Examples of residential habilitation include assistance with routine household chores, transportation to and from appointments, accompaniment to activities or into the community, the provision of care, skill training, home management, and community inclusion.

Respite Care, In-Home: Support provided to individuals unable to care for themselves, on a short-term basis, because of the absence or need for relief of those persons normally providing the care.

Respite Care, Out-of-home: Out of home respite care consists of temporary care provided outside the home in a licensed or accredited Residential Care Facility (RCF) for a period of no less than 24 hours by trained, qualified personnel, on an intermittent basis. The purpose of respite care is to provide temporary relief to the customary caregiver.

Supported employment: Competitive work in an integrated work setting with on-going support services for individuals with severe disabilities for whom competitive employment either has never been possible or has been interrupted as a result of the disability. The service *must* be based on a supported employment assessment and *must* be prescribed in a person centered plan.

Unmet needs: A pattern or trend identified from a collection of individual support plans.

I. Enrollment Process

The Regional Office will assure that potential providers understand that during this process the Division of DD will be determining qualifications and ability to provide the services as described. The Regional Director will assign staff to implement and oversee this process.

- ❖ During this process one of the following will occur:
 1. The Division of DD determines the potential provider meets the threshold for the rating of the application, fully understands the expectations/standards for providers, has sufficient skills and/or experience and is prepared to successfully meet the requirements outlined. The Division of DD approves the provider to begin the process.
 2. The Division of DD determines the potential provider lacks sufficient skills/experience/background to provide the service. The potential provider is informed of this in writing.
 3. The provider fails to complete the process as outlined. The potential provider is informed in writing that the contract is denied.
 4. The provider voluntarily withdraws during any phase of this process.

The Division will notify the Licensure and Certification Unit when any of the above occurs. Potential new providers that are nationally accredited will be deemed certified, but shall complete this enrollment process.

Beginning this process does not guarantee providers will successfully complete enrollment and/or be issued a contract or a certificate. Nor does it guarantee consumers will choose to receive services with the provider.

A. Application

1. The application packet and timeline for submitting information is located on the Network of Care Website under New Provider Application and Process <http://www.networkofcare.org/dd/home/Provider%20Enrollment%20Application%2010-08.pdf>. Applicants are to be directed to this web site where they can complete the application and submit to the Regional Office. Instructions for completion of the application packet are maintained on the web site.
2. Supporting documentation that cannot be included electronically will need to have hard copies sent to the respective Regional Office along with a hard copy of the application and business proposal.
3. In order to be considered, the application must include all information as required in the applicable form:
 - a. Completed Enrollment Application and Business Proposal.
 - b. Copies of all applicable licenses, certifications and/or accreditations and most recent report of these activities.
 - c. Verification of any professional license(s).
 - d. References.

- e. Background screening.
 - f. Evidence of financial viability.
4. The completed application packet is reviewed and rated by designated Regional Office staff using the standardized scoring system. The scoring is contained in Appendix A. A brief summary of the review, the rating and a recommendation is written by the designated staff and given to the Regional Director for consideration.
 5. The Regional Director determines approval or denial of the application and submits the signed packet to the Division Director or designee.
 6. The Division Director or designee determines final approval of the application, routes the packet to the Director of Licensure and Certification in order to schedule the provisional certification visit, and returns the packet to the Regional Office.
 7. The applicant is notified in writing of the decision.
 8. Designated Regional Office staff explains the required signed Process Agreement to the potential provider which includes:
 - a. Agreement to attend all sessions of the DMH approved Provider Enrollment Process training and orientation.
 - b. Agreement to complete all assignments in the DMH approved Provider Enrollment Process including submission of a Policy and Procedure Manual which includes, but is not limited to the following:
 - Admission Criteria (if any).
 - Discharge Criteria (if any).
 - Copy of admission agreement (if any) between consumers/family and the agency.
 - Required training provided to employees by the agency.
 - Policy on Abuse and Neglect of consumers including mandatory reporting and legal consequences; includes the definition of abuse, neglect and misuse of funds consistent with 9 CSR 10-5.200.
 - Policy on Consumer Rights.
 - Client Grievance Procedure.
 - Policy regarding limitations on consumer rights (specifying which rights can/cannot be limited).
 - Policy on due process procedure when there are limitations of rights of individuals supported; includes external advocacy contacts for individuals, person's right to appeal and the appeal process.
 - Policy regarding behavioral crisis and behavioral support/behavior management.
 - Policy regarding research related to consumers.
 - Policy and procedure for addressing emergencies and disasters.
 - Policy regarding death of a consumer.
 - Policies and procedures for infection control and prevention.

- Policy on employee background screening consistent with 9 CSR 10-5.190.
 - Policy on use of restraint and time-out.
 - Policies and procedures addressing medication administration, storage and disposal.
 - Policies and procedures on self-administration of medication.
 - Human resource policies for employees with regard to care provided to consumers.
 - HIPAA/confidentiality.
- c. Agreement that all staff will complete all mandated trainings: First Aid, CPR, Positive Behavioral Support, Abuse and Neglect, confidentiality, Medication Administration, Person Centered Planning as well as training on Missouri Quality Outcomes (ISL and Day Hab).
9. Progress on the Agreement will be tracked by designated Regional Office staff.

B. Training

1. Approved applicants will be scheduled for the new provider training.
2. Designated Regional Office staff will conduct training using the Provider Orientation and Enrollment Curriculum. During training, assess applicant's understanding and commitment to providing supports and services within the mission, vision and values of the Division and Department. Discuss any concerns with the Regional Director.
3. Training must be documented and progress tracked.
4. The potential provider may withdraw at any time in the process or the Regional Director may determine that the provider is not meeting expectations and deny a contract.

C. Certification and Contract Procurement

1. Certification
 - a. The Licensure and Certification Unit (L&C) staff will conduct a survey of all residential habilitation, individualized supported living and day habilitation services to determine if requirements are met for provisional certification. The provisional certification visit will include a review of:
 - i. Policies and procedures;
 - ii. Facility/environmental safety (This could be postponed for an ISL if site is not secured and all other requirements are met to obtain a contract. Once a site is chosen, then a site review will occur prior to individuals moving to the home.);
 - iii. Verification of an approved fire/safety inspection by an inspector from the State Fire Marshal's office for on-site day habilitation and residential habilitation for four or more individuals;
 - iv. Personnel; and
 - v. Staffing patterns sufficient to begin providing supports and services.
 - vi. b) If all requirements are met, L&C will issue a provisional certificate for a time frame not to exceed one year.

2. Contract procurement
 - a. Approved applicants will proceed with contract procurement.
 - b. Provider must meet with designated DMH staff to develop the agency budget.
 - c. Designated Regional Office staff will submit documentation that the provider has successfully completed training and attained provisional certification to DMH Contracts and Procurement, who will issue a contract to provider. The contract is not executed until all appropriate signatures are obtained.

D. The provider must enroll as a Medicaid provider with the state Medicaid agency prior to receiving a contract through the Department of Mental Health.

E. Providing Services

Prior to supporting individuals (before people move in or receive supports from this provider) the following steps must be completed:

1. Provider must submit an approved staffing schedule for the first week of providing supports. This must include the names of staff that are current in all required trainings of First Aid, CPR, Positive Behavioral Support, Abuse and Neglect, confidentiality, Person Centered Planning, Med Administration as well as training on Missouri Quality Outcomes (ISL and Day Hab).
2. Provider must submit the process for providing back-up staff during times of shortage.
3. The ISL budget review is completed.
4. Update the Enrollment Requirements Agreement.

At any time after provisional certification has been awarded, a follow-up visit may be conducted.

II. Criteria to Deny a Contract

- A. Based on information gathered during the Enrollment Process, a Regional Director may decide to terminate the process with a provider. The decision is based on identified and documented concerns that may arise in any phase of the process. A contract may be denied for:
1. Failure to submit a complete application containing all required documents;
 2. Falsification of any components of the application;
 3. Inability to meet the minimum rating threshold;
 4. Concerns noted of philosophical viewpoints not in agreement with Department's mission and Division's guiding principles, and/or evidence of attitude or values in conflict with following established requirements or regulations;
 5. Inability to provide assurance of financial viability;
 6. Presence of disqualifying background check;
 7. Termination from previous state employment;
 8. Termination from any previous job that included care of persons (i.e. child care, disabilities, elderly);
 9. Poor references are obtained regarding the applicant;

- 10. Inability to complete requirements; or
- 11. Inability to reach compliance with provisional certification.

- B. The Regional Director will notify the Division Director in writing of decision to terminate the process and deny a contract with specific rationale for the decision. The Regional Director will notify the provider that the Regional Office will not proceed with certification, licensure or contract. The letter will describe issues identified during the Enrollment Process.

III. Quality Assurance

- A. The Division's Quality Assurance Unit or their designee shall review this process at least annually and update/revise as needed.
- B. The Regional Office will track and report to the Division's Quality Assurance Unit the following information:
 - 1. Number of applications received;
 - 2. Numbers approved;
 - 3. Number denied; and
 - 4. Number successfully completing the enrollment process and awarded a contract.
- C. The Licensure and Certification Unit will track and report to Division Quality Assurance the following:
 - 1. Number of provisional surveys conducted;
 - 2. Number of providers earning provisional certification;
 - 3. Number of plans of correction;
 - 4. Denials of provisional certification; and
 - 5. Conditional certification and denial of certification after the first year provisional certificate.

Authority:

Missouri DD Medicaid Waiver Manual <http://www.dmh.mo.gov/mrdd/provider/waivermanuals.htm>

9 CSR 45-5.060 Procedure to Obtain Certification <http://www.sos.mo.gov/adrules/csr/current/9csr/9c45-5.pdf>

9 CSR 10 Missouri Department of Mental Health General Program Procedures
<http://www.sos.mo.gov/adrules/csr/current/9csr/9c10-5.pdf>

Division of Developmental Disabilities Community Services Contract